

Case Number:	CM15-0024845		
Date Assigned:	02/17/2015	Date of Injury:	12/26/2010
Decision Date:	09/04/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70 year old female patient who sustained an industrial injury on December 26, 2010. The injured worker was employed as a housekeeper for a hospital. A primary treating office visit dated January 15, 2015 reported the treating diagnoses as: pre-operative evaluation for lumbar spine symptom; hypertension, hypothyroidism, and premature ventricular contractions. She was given Atenolol, laboratory requisition pending surgery. At a secondary treating follow up visit dated December 17, 2014 the patient had subjective complaint of having lumbar spine pain that radiates to the bilateral lower extremities with pain, numbness and tingling. There is mention of receiving authorization to perform a lumbar microdiscectomy with Coflex; pending scheduling. Objective findings showed paravertebral musculature of the lower lumbar spine with loss of range of motion, spasm, tenderness upon palpation and guarding. There is recommendation for post-operative physiotherapy sessions. The following diagnoses were applied: cervical sprain and strain; lumbosacral radiculopathy; shoulder tendinitis and bursitis, and knee tendinitis and bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home health aide: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to a work-related injury on 12/26/2010. This review addresses a request for home health aide. The patient's orthopedist has recommended decompression lumbar surgery L3-L5. On exam, there is tenderness on palpation in the lumbar and paralumbar region. There is loss of ROM as well. The treatment guidelines recommend home health services for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Based on the documentation presented, home health services are not medically necessary.